

**Provider Type 57 Adult Group Care Waiver
Reimbursement Rates**

Updated: June 1, 2009

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Procedure Code	Description	Modifier	Rate	Rate Begin Date
S5126	ATTENDANT CARE SERVICE /DIEM	U1	\$20.00	01-Oct-03
S5126	ATTENDANT CARE SERVICE /DIEM	U2	\$45.00	01-Oct-03
S5126	ATTENDANT CARE SERVICE /DIEM	U3	\$60.00	01-Oct-03
T1016	CASE MANAGEMENT - Private Entity		\$15.84	01-Mar-08
T1016	CASE MANAGEMENT - Public Entity		\$25.75	01-Jul-05
T1023	PROGRAM INTAKE ASSESSMENT		\$360.50	01-Jul-05
T2031	ASSIST LIVING WAIVER/DIEM	U1	\$20.00	01-Oct-03
T2031	ASSIST LIVING WAIVER/DIEM	U3	\$60.00	01-Oct-03
T2031	ASSIST LIVING WAIVER/DIEM	U2	\$45.00	01-Oct-03